

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 18/635/165
APPLICANT(S) _____

FILING DATE _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
13						
14						
15				1		
16				1		
17				1		
18				1		
19				1		
20				1		
21	1		1			
22		2		2		
23		2		2		
24		1		2		
25		1		2		
26		1		2		
27		2		2		
28		2		2		
29		2		2		
30		1		1		
31	1		1			
32						
33						
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43						
44						
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

51	1		1			
52		2		2		
53		2		2		
54		2		2		
55		2		2		
56		2		2		
57		2		2		
58		2		2		
59		2		2		
60		2		2		
61		2		2		
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67		2		2		
68		2		2		
69		2		2		
70		2		2		
71		2		2		
72		2		2		
73		2		2		
74		2		2		
75	1					
76						
77						
78						
79	1					
80						
81	1					
82						
83						
84						
85						
86						
87						
88						
89						
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92						
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94						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						